	Docket Number	100-8345F
FILING BY "EXPRE	SS MAIL" UNDER	37 CFR 1.10
EV335545046US Express Mail Label Number	<del></del>	July 23, 2003  Date of Deposit

Address to: Commissioner for Patents

PO Box 1450

Alexandria, VA 22313-1450

application is hereby reserved.

## UTILITY PATENT APPLICATION TRANSMITTAL AND FEE SHEET

Transmitted herewith for filing under 37 CFR §1.53(b)(1) is a **divisional** of prior Application No. 10/021,117, filed October 29, 2001.

Applicant (or identifier): FUENFSCHILLING ET AL. Title: **PURIFICATION PROCESS** Enclosed are: Specification (Including Claims and Abstract) - 15 pages 1. 2. Drawings - 5 sheets 3. **Declaration and Power of Attorney** Newly executed (original or copy) Copy from a prior application (signed or with indication that original was b. signed) i. **Deletion of Inventors** Signed statement attached deleting inventor(s) named in the prior application 4. Incorporation By Reference The entire disclosure of the prior application, from which a copy of the Declaration and Power of Attorney is supplied under Box 3b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein. 5. Microfiche Computer Program (appendix) 6. Nucleotide and/or Amino Acid Sequence Submission Computer Readable Copy Paper Copy Statement Verifying Identity of Above Copies 7. **Preliminary Amendment** 8. Assignment Papers (Cover Sheet & Document(s)) 9. **English Translation of** Information Disclosure Statement 10. 11. Certified Copy of Priority Document(s) 12. Return Receipt Postcard 13. Other: Application Data Sheet  $\bowtie$ The right to elect an invention or species that is different from that elected in parent Application No. 10/021,117 in the event of a restriction or election of species requirement that is identical or substantially similar to that made in said parent



## Filing fee calculation:

Before calculating the filing fee, please enter the enclosed Preliminary Amendment.
Before calculating the filing fee, please cancel claims 1-10.

Basic Filing Fee										
Multiple Dependent Claim Fee (\$ 280)										
Foreign Language Surcharge (\$ 900)										
	For	Number Filed		Number Extra		Rate				
Extra Claims	Total Claims	12	-20	0	×	\$	18	=	\$	
	Independent Claims	3	-3	0	×	\$	84	=	\$	· ·
TOTAL FILING FEE									\$	750

Please charge Deposit Account No. 19-0134 in the name of Novartis in the amount of \$750 An additional copy of this paper is enclosed. The Commissioner is hereby authorized to charge any additional fees under 37 CFR §1.16 and §1.17 which may be required in connection with this application, or credit any overpayment, to Deposit Account No. 19-0134 in the name of Novartis.

Please address all correspondence to the address associated with Customer No. 001095, which is currently:

Thomas Hoxie

**Novartis** 

Date: July 23, 2003

Corporate Intellectual Property

One Health Plaza, Building 430

East Hanover, NJ 07936-1080

Please direct all telephone calls to the undersigned at the number given below and all telefaxes to (973) 781-8064.

Respectfully submitted,

Gabriel Lopez

Attorney for Applicants

Reg. No. 28,440

Tel. No. (862) 778-7882